

# ALKALINE HYDROLYSIS AUTHORIZATION

In compliance with Minnesota Regulation §149A.941, subd. 12.

Metro First Call Alkaline Hydrolysis  
12600 Creek View Ave., Savage, MN 55378  
Minnesota Department of Health License No. 9094

This is an alkaline hydrolysis authorization form granting permission to Metro First Call Alkaline Hydrolysis (MFC-AH) to hydrolyze a dead human body. During the alkaline hydrolysis process, chemical dissolution using heat, water, pressure and an alkaline solution is used to chemically break down the human tissue and the hydrolysable alkaline hydrolysis container if one is used. After the process is complete, the liquid effluent solution contains the chemical by-products of the alkaline hydrolysis process, except for the deceased's bone fragments. The solution is cooled and released according to local environmental regulations. A water rinse is applied to the hydrolyzed remains which are then dried and processed to facilitate inurnment or scattering. The person or persons signing this document declare that they have the authority to control the final disposition of the deceased person to be hydrolyzed and who is named below in accordance with Minnesota Regulation §149A.80.

NAME OF PERSON TO BE HYDROLYZED: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

**The person or persons signing this document make the following statements and acknowledge being advised of the following:**

- 1) I (we) request and authorize MFC-AH to hydrolyze the human remains of the deceased person named above in accordance with all applicable laws of the State of Minnesota.
- 2) I (we) have legal control to authorize the final disposition and hydrolyzation of the deceased person named above in accordance with Minnesota Regulation §149A.80.
- 3) I (we) authorize MFC-AH to remove the body from the container in which it was delivered, if that container is not appropriate for alkaline hydrolysis, and to place the body in an appropriate container. MFC-AH may dispose of the original container in any lawful manner.
- 4) I (we) understand that under Minnesota Statute §149A.941 subd. 13, MFC-AH may reasonably rely upon this authorization to hydrolyze and that I (we) shall hold MFC-AH harmless from civil liability or criminal prosecution for any lawful actions performed by MFC-AH. I (we) acknowledge that any misrepresentation of my (our) authority to authorize this hydrolyzation is solely my (our) responsibility for any liability, claims or damages associated with my (our) misrepresentation and indemnify and hold harmless MFC-AH and its agents from any claims or damages.
- 5) MFC-AH may dispose of any non-consumable materials or items in any lawful manner, unless specific instructions are attached to this form. Proceeds from recycled non-consumable materials including dental gold and silver, artificial joints, etc., benefit MN Adult and Teen Challenge®.
- 6) I (we) acknowledge that the hydrolyzed remains will be dried and then mechanically reduced to a granulated appearance and placed in an appropriate container. I (we) authorize MFC-AH to place any hydrolyzed remains, that a selected urn or container will not accommodate, into a temporary container which should be released in the same manner as the original container as noted below in (8).
- 7) I (we) acknowledge that, even with the exercise of reasonable care, it is not possible to recover all particles of the hydrolyzed remains and that some particles may inadvertently become comingled with particles of other hydrolyzed remains that remain in the alkaline hydrolysis vessel or other mechanical devices used to process the hydrolyzed remains.
- 8) I (we) direct MFC-AH to release the cremated remains in the following manner:  
8a) Return cremated remains to funeral home in:  Cardboard Container  Plastic Container  Family Urn Provided  
8b) Mail by Registered Postal Service to: \_\_\_\_\_  
8c) Release to: \_\_\_\_\_ Relationship: \_\_\_\_\_  
8d) Other: \_\_\_\_\_

## PERSON OR PERSONS CLAIMING RIGHT TO CONTROL FINAL DISPOSITION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to deceased: \_\_\_\_\_  
Date of Signature: \_\_\_\_\_  
  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to deceased: \_\_\_\_\_  
Date of Signature: \_\_\_\_\_  
  
Signature: \_\_\_\_\_

(Attach "Additional Signature Document"(s), if needed, as required per Minnesota Statutes §149A.80)

Signature of Mortician: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Funeral Home: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_